

Eligibility Guide

for

Child Care Centers

FY 2015-2016



Child Care Food Program

...building healthy habits for life

Florida Department of Health
Bureau of Child Care Food Programs
4052 Bald Cypress Way, Bin #A-17
Tallahassee, FL 32399-1727
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www.floridahealth.gov/ccfp

Child Care Food Program Eligibility Guide for Child Care Centers

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Forms (attached following page 9):

Income Eligibility Guidelines

News Release (Non-Pricing) – most centers use this News Release

News Release (Pricing)

Free and Reduced-Price Meal Application (English, Spanish, and Haitian-Creole)

Parent Letter (Non-Pricing) – (English, Spanish, and Haitian-Creole)

Parent Letter (Pricing)

Child Care Application for Enrollment (English, Spanish, and Haitian-Creole)

Child Participation Form (English, Spanish, and Haitian-Creole)

Enrollment Roster (August - July cycle and October - September cycle)

Enrollment Roster Consolidation Form

Collection Procedures for Pricing Programs

INTRODUCTION

The Child Care Food Program (CCFP) is a federally funded program that reimburses child care providers for nutritious meals and snacks served to eligible children. In Florida, the Department of Health (DOH), Bureau of Child Care Food Programs, administers the CCFP.

The purpose of this Eligibility Guide is to provide information on determining the eligibility of each child for free or reduced-price meals. It is to be used by independent child care centers, independent or sponsored outside-school-hours-care centers, and sponsoring organizations of child care centers providing services under the CCFP.

Sample forms and the current Income Eligibility Guidelines are included in this document; make copies of the forms as needed. Approved CCFP contractors can also download these forms from our Management Information and Payment System (MIPS). A link to log into MIPS is provided on our website www.floridahealth.gov/ccfp.

In the CCFP, there are non-pricing programs and pricing programs. The most common is a **non-pricing** program in which the center does not charge separately for meals served. The other is a **pricing** program, which does charge separately for meals served.

The CCFP State Office is located in Tallahassee; the phone number is 850.245.4323. Program Specialists are located in offices throughout the state; please refer to our website for contact information. Program Specialists or someone from the State Office is available to answer your questions.

I. DEFINITIONS

The following definitions may be helpful when reading this guidance.

Enrolled child is a child whose parent or guardian has submitted a signed document to a sponsor or center indicating that the child is enrolled for childcare.

Child means (a) a person 12 years of age and under; (b) a child of migrant workers 15 years of age and under; and (c) a person with an appropriately documented mental or physical disability who is enrolled in a child care center that serves a majority of persons 18 years of age and under.

Free meal is a meal served under the CCFP to a child who meets one of the following criteria and has appropriate verifying documentation:

- Member of a household that meets the income standards for free meals
- Member of a household receiving Temporary Assistance to Needy Families (TANF) or Food Assistance Program (formerly known as the Food Stamp Program) benefits
- Enrolled in Head Start or Early Head Start
- Enrolled in the Even Start Literacy Program and has not yet started kindergarten
- Foster children or children under temporary emergency placement by a court
- Homeless or institutionalized children

Reduced-Price meal is a meal served under the CCFP to a child from a household that meets the income standards for reduced-price meals.

Non-needy meal is a meal served under the CCFP to a child from a family who does not meet the standards for either free or reduced-price meals.

Non-pricing program means an institution in which there is no separate identifiable charge made for meals served.

Pricing program refers to a food service in which there is a separate identifiable charge made for meals served. Pricing programs are required to provide the same meals to children eligible for free or reduced-price meals as they provide to children who pay full price for meals.

II. DETERMINING ELIGIBILITY

Independent child care centers (centers) and sponsoring organizations of child care centers (sponsors) that participate in the CCFP must annually determine the eligibility of each enrolled child in order to claim free, reduced-price, or non-needy meals for reimbursement. The eligibility category determines the amount of reimbursement.

In most cases, a Free and Reduced-Price Meal Application is used to collect household information and determine a child's eligibility category. There are certain situations when another official document may be used in lieu of a meal application to determine eligibility; those exceptions are explained in Section III.B of this guide.

The child care center must distribute Free and Reduced-Price Meal Applications to the parents of newly enrolled children and children whose eligibility determination is expiring soon. The center must also distribute the accompanying parent letter or post a copy of the letter in an area where parents can read it prior to completing the meal application.

Any adult household member may complete and submit the application. The sponsor or center then reviews the application, compares the information to the income eligibility guidelines, and determines the child's

eligibility category. A sponsor may allow its sponsored centers to determine the eligibility of the children; however, the sponsor is responsible for ensuring that each child's eligibility is determined correctly.

A child's eligibility status, based on his/her approved application, lasts for one year from the date the application was signed by the approving official. Until a completed application (or other eligibility documentation) has been approved by the center or sponsor, the child must be classified as eligible for non-needy meals. Centers or sponsors may choose to collect new applications on all currently enrolled children once a year, for example in August or September.

The information provided on the application is the household's **private information** and the sponsor or center must ensure that the information is kept **confidential**.

The sponsor or center should delegate a staff member(s) to review and approve the applications and complete the Enrollment Roster. The delegated staff member(s) should review each application and determine eligibility by following these steps:

1. Obtain from parent/guardian or other adult household member any missing information required to determine eligibility. If obtaining missing information or clarifying information, note on the application the name of the household member you spoke to, the missing or clarified information, the date of contact, and your initials.
2. Review the application (or other eligibility documentation) and determine if the child is categorically eligible for free meals based on a Food Assistance Program or TANF case number, or documentation from Head Start/Early Head Start, Even Start, Foster Care Agency, Court, Homeless Shelter, or Institutional Facility. If the child is not categorically eligible, then use the current Income Eligibility Guidelines to determine the eligibility category of the child's household.
3. Complete the "For Contractor Use Only" section at the bottom of the Free and Reduced-Price Meal Application to indicate the eligibility determination, then sign and date the form.
4. File all applications (including those for children no longer in attendance) in alphabetical order or preferably in an order to match the roster. Note the child's withdrawal date on the Enrollment Roster.
5. For children whose eligibility was determined based on documentation from Head Start/Early Head Start, Even Start, Foster Care Agency, or a Court, keep those documents on file with the Free and Reduced-Price Meal Applications for the other children.
6. Complete the Enrollment Roster and update it throughout the year as changes occur.

Eligibility information does not have to be verified. However, verification of information is allowed when based upon some reasonable cause for suspicion. This verification must be performed in a non-discriminatory manner.

For currently approved independent centers and sponsors, also refer to your procedure manual for more detailed eligibility information.

III. REQUIRED INFORMATION FROM APPLICANTS

A. Information Required on the Free and Reduced-Price Meal Application

Type of Household	Required Information (Additional information may be provided but is not required to determine eligibility category)
Food Assistance Program (formerly known as Food Stamp Program) or TANF (Temporary Assistance to Needy Families)	<ol style="list-style-type: none">1. Name of child.2. Food Assistance Program/TANF Case Number. This is a 10-digit number assigned to the household receiving benefits. This number typically begins with a "1" and is on the "notice of decision" or "letter of eligibility" provided by the Food Assistance Program/TANF Office. It is not the 16-digit random number on the electronic benefits card used for the program. <i>Note: Medicaid and subsidized child care eligibility <u>does not</u> automatically qualify children for free meals.</i>3. Signature of parent/guardian or other adult household member. <p>NOTE: If any member of the household currently receives Food Assistance Program or TANF benefits, then any child in that household is eligible for free meals.</p>
Foster Child (if document from foster care agency or court is <u>not</u> submitted)	<ol style="list-style-type: none">1. Name of child.2. Check in box indicating foster child..3. Signature of foster parent/guardian or other adult household member.
All Other Households	<ol style="list-style-type: none">1. Name of child.2. All household member names.3. Current gross income (net income for self-employed persons only) from all sources for each household member <u>and</u> the frequency with which each income listed is received. (Note: For any household member that does not receive any income, including children, the "NO INCOME" box should be checked for that person. If an individual has no income listed <u>and</u> the "No Income" box is not checked, the statement can be approved accordingly with no income for that individual.)4. Signature of parent/guardian or other adult household member.5. The last four digits of the social security number of the adult household member that signed the form. If this person does not have a social security number, then "none" may be written in the spaces provided.

B. Documents Accepted in Lieu of a Free and Reduced-Price Meal Application

Foster Children or Children Placed Temporarily by a Court are automatically eligible for the free meal eligibility category with official documentation from the foster care agency or court that placed the child. With such documentation, a Free and Reduced-Price Meal Application is not required.

Head Start and Early Head Start participants are automatically eligible for the free meal eligibility category. Proof of Head Start enrollment must be established by obtaining, and maintaining on file, one of the following documents:

- A child's approved Head Start/Early Head Start application for enrollment
- A signed and dated document from the Head Start/Early Head Start Program Office that includes a child's name, or a list of children's names, and the date of enrollment in Head Start for the child(ren)

Once on file, the above documents remain valid for as long as the child remains enrolled in the applicable program.

If Head Start/Early Head Start documentation is not available, then the household must submit a Free and Reduced-Price Meal Application, and eligibility would be determined in the traditional manner.

Even Start Family Literacy Program participants are automatically eligible for free meals if they are enrolled in the Even Start Program and are not yet in kindergarten. Proof of Even Start enrollment must be established by obtaining, and maintaining on file, one of the following documents:

- An approved Even Start Program Application with confirmation that the child has not yet entered kindergarten
- Statement of enrollment for the Even Start Program with confirmation that the child has not yet entered kindergarten
- A list of children's names confirming that the children are currently enrolled as participants in the Even Start Program and that the children have not yet entered kindergarten

Note: To be valid, each of the eligibility documents listed above must include a signature and date of signature of the local project director or an individual authorized to provide certification on behalf of the Even Start Program.

At the beginning of each school year, the eligibility determination official must re-establish the categorical eligibility for each Even Start child.

If none of the Even Start documents are available, then the household must submit a Free and Reduced-Price Meal Application, and eligibility would be determined in the traditional manner.

For homeless children whose parents or guardians fail to complete and return a Free and Reduced-Price Meal Application, the following procedures are acceptable:

- The director of the homeless shelter where the child lives may complete and return an application for the child.
- Local officials, such as social service agency employees, public school principals, etc., may complete and return an application for a homeless child based solely on their knowledge that the child's address is a homeless shelter or that the child has no known address and is indeed homeless.

For institutionalized children, the director or an authorized employee of the residential facility in which the child resides must sign the application and include the child's name and the facility's name.

IV. DETERMINING HOUSEHOLD INCOME

Current Household Income: This term refers to the current amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or welfare. If self-employed, the net income should be listed. Net income is defined as gross receipts less operating expenses. If income frequency is not listed, the center/sponsor must contact the household to find out how often the income is received and document this information. The center/sponsor must not assume that the income is received on a monthly basis.

Income: The total monetary compensation of a household before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions and savings bonds.

Income includes:

- Monetary compensation for services, including wages, salary, commissions or fees
- Net income from self-employment
- Social security payments
- Dividends or interest on savings, bonds, stocks or income from estates or trusts
- Net rental income
- Public assistance or welfare payments (see below for certain exclusions)
- Unemployment compensation
- Retirement benefits, pensions, annuities or veterans payments
- Alimony or child support payments
- Regular contributions from persons not living in the household
- Net royalties
- Other cash income. This includes cash amounts received or withdrawn from any source including savings, investments, trust accounts and other resources, which would be available to pay the price of meals.
- Military benefits received in cash, such as off-base commercial/private housing allowances for military households living off base, food, and/or clothing allowances, must be considered as income. The exceptions to this are the Military Housing Privatization Initiative, Family Subsistence Supplemental Allowance and, in certain circumstances, combat pay. See below.

Some income exclusions are:

- Benefits received through the Food Assistance Program, TANF, Child Care Development Block Grant, or National School Lunch/Breakfast Programs
- Military Housing Privatization Initiative: This housing benefit, in the form of cash, is not considered income. A housing allowance will appear on the leave and earnings statement of service members living in privatized *military* housing, but this must not be counted as income. Additional information about the Department of Defense's Military Housing Privatization Initiative, including a list of affected installations, may be accessed at www.acq.osd.mil/housing. (It is not an allowable exclusion for households living off base in the general commercial/private real estate market.)
- Family Subsistence Supplemental Allowance (FSAA) payments made to members of the Armed Forces and their families by the Department of Defense.
- Combat pay that is received by a service member, in addition to his/her basic pay, during his/her deployment to or service in an area designated as a combat zone.
- \$600 Medicare Prescription Drug Discount Subsidy
- Occasional earnings received on an irregular basis (i.e., not recurring), such as payment for occasional baby-sitting or mowing lawns.
- Student Financial Aid used to pay for educational expenses

Refer to the “Determining Household Income” section of your procedure manual for additional income exclusions and special situations regarding income.

V. DETERMINING HOUSEHOLD SIZE

The following definitions will be helpful when determining household size.

Topic	Definition
Household	A group of related or unrelated people who are not residents of an institution or boarding house, but who are living as one economic unit.
Economic Unit	A group of related or unrelated individuals who share housing and/or all significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating expenses and economic independence from one another.
Food Assistance Program Household	Any individual or group of individuals that is currently certified to receive benefits under the Food Assistance Program (formerly known as the Food Stamp Program).
TANF Assistance Unit	Any individual or group of individuals, which is currently certified to receive assistance under the Temporary Assistance to Needy Families Program.
Child Away at School	Students who are temporarily away at school (i.e., students attending boarding schools or colleges) should be counted as members of the household.
Foster Child	A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court.
Child Living with One Parent, Relatives or Friends	In cases where no specific welfare agency or court is legally responsible for the child, or where the child is living with one parent, other relatives or friends of the family, the child is considered to be a member of the household with whom he/she resides. In this case, the size and total income of that household is used to determine the child's eligibility.
Adopted Child	An adopted child for whom a household has accepted legal responsibility is considered to be a member of that household.
Institutionalized Child	An institutionalized child is a child who resides in a residential-type facility that the state has determined is not a boarding school. Such a child is considered a household of one.
Student Attending an Institution	A student who attends but does not reside in an institution is considered a member of the household in which he/she resides.
Military Families	Military personnel, either living with the household or deployed, are considered household members. If living with the household, the service member's income is included as income to the household. If deployed, only the portion of the deployed service member's income that is made available to the household is included as income to the household.

VI. DESCRIPTION OF FORMS INCLUDED IN THIS GUIDE

Income Eligibility Guidelines – The current Income Eligibility Guidelines are included for your use when approving new applications for free and reduced-price meals. The income guidelines are effective July 1, 2015 through June 30, 2016.

News Release (Non-Pricing and Pricing versions) – All sponsors and centers are required to send a news release to a local media service. The news release must include the Income Eligibility Guidelines for Free and Reduced-Price Meals. Use the News Release appropriate to your type of program (most centers are non-pricing).

Free and Reduced-Price Meal Application (English, Spanish, and Haitian-Creole enclosed) – The application is used to establish a child's eligibility category (free, reduced-price or non-needy), and is valid for one year from the date the approving official signs and dates the form.

Parent Letter (Non-Pricing version: English, Spanish, and Haitian-Creole enclosed; Pricing version: English only) – All sponsors of centers and independent centers are required to distribute a letter to the parents (households) with the Free and Reduced-Price Meal Application. If the center has an area where parents complete the meal applications, the Parent Letter may be posted in that area for parents to read. Parents should read the parent letter and the meal application instructions (on reverse side of application form) so they will understand the purpose of the application and what income should be reported. Use the Parent Letter appropriate to your type of program (most centers are non-pricing).

Child Care Application for Enrollment (English, Spanish, and Haitian-Creole enclosed) – This form is used to enroll the children for child care. Each child attending the center must have an enrollment form completed and signed by his/her parent/guardian upon enrollment. Each year thereafter, the enrollment form must be reviewed, updated (if needed), and signed again by the parent/guardian.

Child Participation Form (English, Spanish, and Haitian-Creole enclosed) – This form is to be used when the center is using an enrollment form that does not include the child participation information.

Enrollment Roster (August-July cycle and October-September cycle) – The Enrollment Roster is used for tracking the meal eligibility categories (free, reduced-price, and non-needy) of enrolled children for a one-year period. The children are listed in alphabetical order on the roster. Centers or sponsors have the option of using the federal fiscal year, October 1 through September 30, or a year of August 1 through July 31. Forms for both annual cycles are included in this guide and in MIPS. The instructions for maintaining the roster are on the back of the form.

Enrollment Roster Consolidation Form – This form may be used to consolidate numbers from multiple alphabetical roster pages.

Collection Procedures for Pricing Programs – This is used only in pricing programs to document the center's method of collecting meal payments.

Note: A copy of all records regarding the CCFP must be kept on file at the institution's office for monitoring and auditing purposes for three fiscal years plus the current fiscal year or if an audit is outstanding, until the audit is closed.

Florida Department of Health

Child Care Food Program

INCOME ELIGIBILITY GUIDELINES FOR FREE AND REDUCED-PRICE MEALS

Effective July 1, 2015 – June 30, 2016

FREE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,177	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add	+5,408	+451	+226	+208	+104

REDUCED-PRICE MEAL SCALE

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	+7,696	+642	+321	+296	+148

Remember: The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.

Florida Department of Health

Child Care Food Program

NEWS RELEASE

(NON-PRICING PROGRAMS)

Organization Name

Address

announces its participation in the U.S. Department of Agriculture's Child Care Food Program, which is a federally funded program that reimburses child care providers for serving nutritious meals and snacks to enrolled, eligible children. Meals will be available at no separate charge to all participants enrolled at the center(s) listed below, regardless of race, color, national origin, sex, age, or disability.

Name of Center(s)

Address

Parents/guardians of children eligible for free and reduced-price meals must complete an application. Eligibility information includes the names of all household members; income of each household member or household member's Food Assistance Program (formerly known as the Food Stamp Program) case number or Temporary Assistance for Needy Families (TANF) case number; signature of an adult household member; and last four digits of the social security number (SSN) of the adult household member signing the application or an indication that this adult does not have a SSN. Children who are members of households receiving Food Assistance Program or TANF benefits, children enrolled in Head Start or Early Head Start, and foster children are automatically eligible to receive free meal benefits with appropriate documentation. Children from families whose income is at or below the levels shown on the chart below are eligible for free or reduced-price meals. The policy statement for free and reduced-price meals is on file at the child care center and may be reviewed by any interested party.

Income Eligibility Guidelines (Effective July 1, 2015 – June 30, 2016)

Household Size	Free Meals			Reduced-Price Meals		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	15,301	1,276	295	21,775	1,815	419
2	20,709	1,726	399	29,471	2,456	567
3	26,177	2,177	503	37,167	3,098	715
4	31,525	2,628	607	44,863	3,739	863
5	36,933	3,078	711	52,559	4,380	1,011
6	42,341	3,529	815	60,255	5,022	1,159
7	47,749	3,980	919	67,951	5,663	1,307
8	53,157	4,430	1,023	75,647	6,304	1,455
For each add'l member, add:	+5,408	+451	+104	+7,696	+642	+148

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

FOR ORGANIZATION USE ONLY

Submit a copy of this News Release as a public service announcement to at least one local media source (newspaper; television or radio station). Indicate below name(s) of local media outlet(s) to which the news release was sent:

1. _____

Date sent: _____

2. _____

Date sent: _____

Florida Department of Health

Child Care Food Program

NEWS RELEASE

(for pricing programs)

Organization Name

Address

announces its participation in the U.S. Department of Agriculture's Child Care Food Program, which is a federally funded program that reimburses child care providers for serving nutritious meals and snacks to enrolled, eligible children. Meals will be available at a separate charge to all participants, regardless of race, color, national origin, sex, age, or disability. Children may buy lunch/supper for _____; breakfast for _____; and snacks for _____. Children from families whose income is at or below the levels shown on the chart below are eligible for free or reduced-price meals. Reduced-price meals cost 40 cents for lunch/supper, 30 cents for breakfast, and 15 cents for snacks.

Parents/guardians of children eligible for free or reduced-price meals must complete an application. Eligibility information includes the names of all household members; income of each household member or household member's Food Assistance Program (formerly known as the Food Stamp Program) case number or Temporary Assistance for Needy Families (TANF) case number; signature of an adult household member; and last four digits of the social security number (SSN) of the adult household member signing the application or an indication that this adult does not have a SSN. Children who are members of households receiving Food Assistance Program or TANF benefits, children enrolled in Head Start or Early Head Start, and foster children are automatically eligible to receive free meal benefits with appropriate documentation. The policy statement for free and reduced-price meals is on file at the child care center and may be reviewed by any interested party.

Income Eligibility Guidelines (Effective July 1, 2015 – June 30, 2016)

Household Size	Free Meals			Reduced-Price Meals		
	Annual	Monthly	Weekly	Annual	Monthly	Weekly
1	15,301	1,276	295	21,775	1,815	419
2	20,709	1,726	399	29,471	2,456	567
3	26,177	2,177	503	37,167	3,098	715
4	31,525	2,628	607	44,863	3,739	863
5	36,933	3,078	711	52,559	4,380	1,011
6	42,341	3,529	815	60,255	5,022	1,159
7	47,749	3,980	919	67,951	5,663	1,307
8	53,157	4,430	1,023	75,647	6,304	1,455
For each add'l member, add:	+5,408	+451	+104	+7,696	+642	+148

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

FOR ORGANIZATION USE ONLY

Submit a copy of this News Release as a public service announcement to at least one local media source (newspaper; television or radio station). Indicate below name(s) of **local** media outlet(s) to which the public news release was sent:

1. _____

Date sent: _____

2. _____

Date sent: _____

FLORIDA DEPARTMENT OF HEALTH
**CHILD CARE FOOD PROGRAM
FREE AND REDUCED-PRICE MEAL APPLICATION**

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to _____ . If you need assistance filling out this form, call this number:_____.

PART 1 – INFORMATION ON CHILD:**NAME AND ADDRESS OF CCC/OSHCC:**

Child's Name:

Last Name _____ First Name _____ Date of Birth _____

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: |_____|_____|_____|_____|_____|_____|_____|_____|_____| TANF Case Number: |_____|_____|_____|_____|_____|_____|_____|_____|

PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of Everyone in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Home Phone # _____

Signature of Adult Household Member _____

Date Signed _____

Home Address _____

Work Phone # _____

Street Address, City, State, Zip Code _____

Last Four Digits of Social Security Number |_____|_____|_____|____| Write **NONE** if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD	ETHNIC IDENTITY OF CHILD		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Not Hispanic or Latino	

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

For Contractor Use Only: Food Assistance Program/TANF household

Total Household Size: _____ Total Household Income: \$ _____

 Foster Child

Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

Note: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination: Free Reduced Non-needyReason for Non-needy Status: Income too High Incomplete Application Other (Reason) _____

Signature of Determining Official: _____ Date Signed: _____

FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3.** **Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2.**

Part 3: List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. **"Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.** Do not include payments to the household for the care of the foster child. If the child receives no income, check the "NO INCOME" box in the last column. **Part 4:** A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. **Refer to Method 2 above for the definition of a foster child's personal use income.** Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) **For any person with no income, including children, check the "NO INCOME" box in the last column.**

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment:

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security:

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Income:

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons
not living in the household
Net royalties/annuities/net rental income
Any other income

Certain Military Income and Benefits:

All cash income for off base commercial,
private housing allowances, excluding
the Military Housing Privatization Initiative
and Family Subsistence Supplemental
Allowance (FSSA)

Welfare/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony/child support payments

All cash income for uniform allowances

All cash income made available to the household, except for combat pay received under certain conditions

Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

APLICACIÓN PARA ALIMENTOS DE PRECIO REDUCIDO O GRATIS

(Free and Reduced-Price Meal Application)

Para solicitar alimentos de precio reducido o gratis para su hijo(a) por favor lea las instrucciones de como completar la solicitud. Firme la solicitud y devuélvala a . Si necesita ayuda para completar la solicitud llame a este número _____.

PARTE 1 - INFORMACION DEL NIÑO:

Nombre del Niño: _____ Apellido _____ Nombre _____ Fecha de Nacimiento _____ Nombre del Centro Para Cuidado de Niños _____

PARTE 2 – HOGARES RECIBIENDO BENEFICIOS DEL PROGRAMA DE ASISTENCIA NUTRICIONAL O TANF: Complete esta Parte y la

Parte 4. Número del Programa de Asistencia Nutricional: | | | | | | | | | | | | Número de TANF: | | | | | | | | | | | |

PARTE 3 – TODOS LOS OTROS HOGARES: Si está recibiendo beneficios del Programa de Asistencia Nutricional o TANF no complete esta parte. Si no recibe ninguno, entonces **COMPLETE ESTA PARTE Y LA PARTE 4.**

MIEMBROS DEL HOGAR		CANTIDAD DE INGRESO Y FRECUENCIA				
		Coloque la frecuencia de pago (ejemplo: anual, mensual, dos veces al mes, quincenal, o semanal) después de cada cantidad.				
Liste los Nombres de <u>Todos</u> los Ocupantes del Hogar (incluyendo el niño(a) listado en la Parte 1 arriba)	Marque en la caja si en Cuidado Adoptivo Temporal	Ganancias Brutas (Antes de Deducciones) Si es propio empleado, liste el ingreso neto	Importe de Asistencia Social, Manutención Infantil, Pensión Alimenticia	Pensiones, Jubilación, Seguro Social	OTROS Ingresos (incluyendo ingreso para uso personal recibido por el niño(a) bajo cuidado adoptivo temporal)	Marque la caja si la persona NO RECIBE INGRESO
<i>Apellido, Nombre</i>	<input type="checkbox"/>	\$ <i>Cantidad/Frecuencia</i>	\$ <i>Cantidad/Frecuencia</i>	\$ <i>Cant./Frecuencia</i>	\$ <i>Cant./Frecuencia</i>	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

PARTE 4 – FIRMA Y NÚMERO DE SEGURO SOCIAL: Un adulto miembro del hogar debe firmar la aplicación antes de ser aprobada.

FIRMA DEL ADULTO EN EL HOGAR _____ Teléfono del Hogar # _____
Fecha _____

Dirección del Hogar _____ Teléfono del Trabajo # _____
Calle, Ciudad, Estado, Código Postal _____

Últimos Cuatro Números del Seguro Social | | | | | | Escriba “NINGUNO” si no tiene Número de Seguro Social.

SANCIONES POR DECLARACIONES FALSAS: Yo certifico que toda la información en esta solicitud es verdadera y correcta y que todos los ingresos son declarados. Yo entiendo que esta información es entregada para la recepción de fondos federales; que los oficiales de la institución pueden verificar la información en esta aplicación, y que la falsificación deliberada de datos me expone a ser enjuiciado bajo las leyes estatales y federales.

PARTE 5 (Opcional) - Identidad Racial del niño Marque uno o más para su niño.

<input type="checkbox"/> Indio Americano o Nativo de Alaska	<input type="checkbox"/> Asiático	<input type="checkbox"/> Negro o Afro-americano	Identidad Étnica del niño
<input type="checkbox"/> Nativo de Hawái u otras Islas del Pacífico	<input type="checkbox"/> Blanco	<input type="checkbox"/> Hispano o Latino	<input type="checkbox"/> No Hispano o Latino

Declaración del Acta del Derecho a Privacidad: La Sección 9 de la Ley Nacional de Almuerzos Escolares establece que, a menos que usted demuestre que recibe beneficios del Programa de Asistencia Nutricional o TANF, es requerido que se indique los últimos cuatro números del seguro social del peticionario, adulto cual firme, o que se indique que el peticionario no tiene un número de seguro social. El suministro de los últimos cuatro dígitos de un número de seguro social no es obligatorio, pero si esta información no se da y si no se indica que la persona que firma no tiene tal número, la aplicación no puede ser aprobada. Los últimos cuatro dígitos del número de seguro social puede ser utilizado para identificar a la persona y para llevar a cabo esfuerzos para verificar la exactitud de la información declarada en la solicitud. Estos esfuerzos de verificación pueden llevarse a cabo a través de revisiones, auditorías e investigaciones y pueden incluir contacto con empleadores para determinar ingreso, con el Programa de Asistencia Nutricional o la oficina de asistencia social para determinar la cantidad de beneficios recibidos y verificar la documentación presentada por el miembro del hogar para luego comprobar la cantidad de ingresos recibidos. Estos esfuerzos pueden resultar en una pérdida o reducción de beneficios, o en reclamos administrativos o acciones legales si se reporta información incorrecta. La información para su elegibilidad en esta aplicación puede ser compartida con programas de educación, salud y nutrición para ayudarles a evaluar, financiar o determinar beneficios para sus programas; auditores para revisar programas y oficiales de justicia para ayudarles a investigar violaciones de las reglas del programa.

For Contractor Use Only:

Food Assistance Program/TANF household Total Household Size: _____ Total Household Income: \$ _____
 Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

Note: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination: Free Reduced Non-needy

Reason for Non-needy Status: Income too High Incomplete Application Other (Reason) _____

Signature of Determining Official: _____ Date Signed: _____

INSTRUCCIONES PARA LA APLICACION DE ALIMENTOS DE PRECIO REDUCIDO O GRATIS

SI CUALQUIER MIEMBRO DEL HOGAR RECIBE AYUDA DEL PROGRAMA DE ASISTENCIA NUTRICIONAL O BENEFICIOS TANF, SIGUA LAS SIGUIENTES INSTRUCCIONES:

Parte 1: Escriba el nombre y fecha de nacimiento del niño por el que usted esta aplicando. Si no esta pre-escrito, escriba el nombre y la dirección del centro de cuidado infantil en donde el niño(a) asiste. Escriba el horario de cuidado de su niño(a). Marque con un círculo los días de la semana en los que su niño(a) asiste mayormente en el centro de cuidado infantil y las comidas que usted espera que el centro le sirva a su niño(a): desayuno, merienda en la mañana, almuerzo, merienda en la tarde, cena, y/o merienda de la noche. **Parte 2:** Liste el número de caso actual de la ayuda que recibe del Programa de Asistencia Nutricional (anteriormente conocido como Programa de Cupones de Alimentos) o el número de caso de Asistencia Temporal para Familias Necesitadas. El número de caso esta en su carta de elegibilidad; no es el número en su tarjeta EBT. **Salte la Parte 3.** **Parte 4:** La aplicación debe ser firmada por un adulto miembro del hogar, pero los cuatro últimos números del seguro social del adulto no son necesarios. Complete las secciones para la dirección y el número de teléfono y firme la aplicación. **Parte 5:** No se requiere que usted conteste esta parte. Sin embargo, si usted provee esta información, la información ayudara a asegurar el acceso igualitario al Programa de Alimentos para Cuidado de Niños.

SI USTED ESTA APLICANDO POR UN NIÑO BAJO CUIDADO TEMPORAL ADOPTIVO, ESCOJA UNO DE LOS METODOS DE ABAJO PARA APlicar:

NOTA: Con la documentación apropiada, los niños bajo cuidado temporal adoptivo son automáticamente elegibles para alimentos gratis independientemente del ingreso en el hogar en donde el niño(a) reside. Los miembros del hogar que deseen aplicar para beneficios de alimentos para niños bajo cuidado adoptivo temporal deben contactarnos si tienen alguna pregunta.

Método 1: Proporcione los documentos oficiales de la agencia de cuidado adoptivo temporal o de la corte que asigno al niño(a) con el hogar específico. Con estos documentos, no será necesario que complete la aplicación para alimentos de precio reducido o gratis.

Método 2: Complete la aplicación para alimentos precio reducido o gratis de acuerdo a estas instrucciones – **Parte 1:** Escriba el nombre y fecha de nacimiento del niño(a) por el que usted esta aplicando. Si no esta pre-escrito, escriba el nombre y la dirección del centro de cuidado infantil en donde el niño(a) asiste. **Salte la Parte 2.** **Parte 3:** Liste los nombres o nombre del niño(a), marque la caja en la columna para "Cuidado Adoptivo Temporal", y reporte el ingreso para uso personal del niño(a), si lo hay, en la columna "Cualquier Otro Ingreso". Ingreso para "Uso Personal" es a) **dinero dado por la oficina de asistencia social identificado por categoría para el uso personal del niño(a), como para ropa, matrículas escolares, subsidio; y/o b) cualquier otro dinero que el niño(a) recibe, como dinero proveniente de su familia o dinero proveniente del trabajo de tiempo completo o medio tiempo del niño(a).** No incluya los pagos que el hogar recibe por el cuidado del niño(a) bajo adopción temporal. Si el niño no recibe ingreso, marque la caja "NO RECIBE INGRESO" en la última columna. **Parte 4:** La aplicación debe ser firmada por el padre adoptivo temporal o por otro representante oficial del niño(a), pero los cuatro últimos números del seguro social del adulto no son necesarios. Complete las secciones para la dirección y el número de teléfono y firme la aplicación. **Parte 5:** No se requiere que usted conteste esta parte. Sin embargo, si usted provee esta información, la información ayudara a asegurar el acceso igualitario al Programa de Alimentos para Cuidado de Niños.

Método 3: Complete la aplicación para alimentos de precio reducido o gratis de acuerdo a las instrucciones de abajo PARA TODOS LOS OTROS HOGARES.

TODOS LOS OTROS HOGARES, SIGUAN LAS SIGUIENTES INSTRUCCIONES

Parte 1: Escriba el nombre y la fecha de nacimiento del niño(a) por el que usted está aplicando. Si no está pre-escrito, escriba el nombre y la dirección del centro de cuidado de niños en donde su niño(a) asiste. **Salte Parte 2. Parte 3:**

- (1) Escriba los nombres de todos en el hogar, reciban o no ingresos. Inclúyase a usted mismo, el niño(a) por el que esta aplicando, otros niños, su esposo(a), abuelos y cualquier otro miembro familiar que viva en el mismo hogar. Utilice papel adicional si necesita más espacio.
- (2) Si un miembro de la familia está bajo cuidado adoptivo temporal, marque la caja en la columna para "Cuidado Adoptivo Temporal" al lado del nombre.
- (3) Escriba el ingreso que cada miembro del hogar recibe regularmente, antes de los impuestos o cualquier otra disminución, y coloque la frecuencia en la que es recibido. Coloque el ingreso en la columna(s) apropiada para designar la proveniencia del ingreso, tal como ganancia, importe de asistencia social, pensiones, y cualquier otro tipo de ingreso (**revise los ejemplos abajo para identificar los tipos de ingresos a reportar**). Si un niño(a) bajo cuidado adoptivo temporal esta en la lista, reporte el ingreso que el niño(a) revise para uso personal, si lo hay, en la columna "Cualquier otro Ingreso". Revise el Método 2 arriba para la definición de uso personal en niños bajo cuidado adoptivo temporal. No incluya los pagos recibidos por el cuidado del niño(a) adoptado temporalmente como ingreso. Si cualquier dinero recibido en el último mes fue más o menos que lo usual, escriba el ingreso usual de la persona.

(4) Para cualquier persona sin ningún ingreso, seleccione la última columna marque la caja "NO RECIBE INGRESO."

Parte 4: La aplicación debe ser firmada por un adulto del hogar y debe incluir los cuatro últimos números del seguro social del adulto (o escriba NINGUNO si la persona no tiene número de seguro social). **Parte 5:** No se requiere que usted conteste esta parte. Sin embargo, si usted provee esta información, la información ayudara a asegurar el acceso igualitario al Programa de Alimentos para Cuidado de Niños.

INGRESOS A DECLARAR

Sueldo del trabajo:

Sueldo/salario/propinas

Beneficios por huelga

Compensación por cesantía

Compensación al trabajador

raíces/fideicomisos/inversiones Seguro Social

Ingreso neto de empresa

propia, cuidado de niños o
granja

Pensiones/Jubilación/Seguro Social:

Pensiones

Ingreso de seguridad complementario

Ingreso por jubilación

Pagos a ex-combatientes

Otro ingreso mensual/trabajo por cuenta propia:

Beneficios por discapacidad

Efectivo retirado de ahorras

Interés/dividendos

Ingreso de bienes

Contribuciones regulares de personas que no
residen en el hogar

Derechos netos do autor/pensión vitalicia
neto por arriendo

Cualquier otro ingreso

Algunos Ingresos Militares y Beneficios:

Todo ingreso efectivo recibido fuera de la base comercial,
subsidió privado para casa, excluyendo la Iniciativa Privada
para Vivienda Militar y Suplemento de Subsidio Familiar (FSSA)

Todo ingreso por subsidio de uniformes

Todo el ingreso que recibe la familia, con excepción de pago
por combate recibido bajo ciertas circunstancias

Esto no incluye beneficios que no sean en ingreso en efectivo (vivienda militar, ropa, comida, servicios médicos, etc.)

Asistencia Social/Pensión para hijos/Pensión alimenticia:

Pagos de asistencia pública

Pagos de asistencia social

Pensión alimenticia pagos de pensión para hijos

ENSTRIKSYON POU APLIKASYON POU MANJE GRATIS AK MANJE POU PRI REDUI

SI NENPÒT MOUN NAN KAY LA RESEVWA AVANTAJ PWOGGRAM ÈD MANJE OSWA AVANTAJ TANF, SWIV ENSTRIKSYON SA YO:

Pati 1: Ekri non timoun ou aplike pou li a an lèt detache ak dat timoun nan fèt. Ekri non ak adrès sant gadri kote timoun nan ye a an lèt detache, si ou potko ekri yo an lèt detache anvan. **Pati 2:** Bay nimewo dosye ou genyen nan moman an pou Pwogram Èd Manje [ki te rele Pwogram Koupon pou Achte Manje (Food Stamp Program) anvan] oswa Èd pou yon Ti Tan pou Fanmi ki nan Nesesite [Temporary Assistance for Needy Families (TANF)]. W ap jwenn nimewo dosye a nan lèt kalifikasyon an; se pa nimewo ki nan kat EBT ou. **Sote Pati 3.** **Pati 4:** Yon adilt ki nan kay la dwe siyen fòm nan, men kat (4) dènye chif nimewo sekirite sosyal moun ki siyen an pa nesesè. Ranpli espas kote nou mande ou adrès ak nimewo telefòn ou, epitou mete dat nan fòm nan. **Pati 5:** Ou pa gen obligasyon pou reponn kesyon sa a. Men, si ou bay enfòmasyon sa yo sa ap ede nou asire ou jwenn aksè egalego nan Pwogram Manje nan Gadri.

SI OU APLIKE POU YON TIMOUN KI NAN YON FANMI AKÈY, CHWAZI YON METÒD ANBA LA A POU APLIKE:

Nòt: Avèk dokiman apwopriye yo, timoun ki nan fanmi akèy yo kalifye otomatikman pou manje gratis kèlkeswa revni fanmi kote y ap viv la. Fanmi ki vle aplike pou avantaj manje pou timoun ki nan fanmi akèy ta dwe kontakte nou si yo gen nenpòt kesyon.

Metòd 1: Bay dokiman ofisyèl nan ajans oswa tribunal plasman nan fanmi ki te mete timoun nan avèk fanmi espesifik la. Avèk dokiman sa yo, li pa nesesè pou ranpli fòm Aplikasyon pou Manje Gratis ak Manje pou Pri Redui.

Metòd 2: Ranpli fòm Aplikasyon pou Manje Gratis ak Manje pou Pri Redui dapre enstriksyon sa yo – **Pati 1:** Ekri non timoun w ap aplike pou li a an lèt detache ak dat li fèt. Ekri non ak adrès sant gadri kote timoun nan ye a, si ou potko ekri li an lèt detache anvan. **Sote Pati 2.** **Pati 3:** Bay non timoun nan, koché kaz ki nan kolòn “Timoun ki nan Fanmi Akèy”, epi rapòte revni pou itilizasyon pèsonèl timoun nan, si li genyen, nan kolòn “Tout Lòt Revni”. **Revni pou itilizasyon pèsonèl se a) lajan biwo èd sosyal ki idantifeye selon kategori pou itilizasyon pèsonèl timoun nan, tankou pou rad, frè lekòl, ak alokasyon; epi/oswa b) tout lòt lajan timoun nan resevwa, tankou lajan fanmi li bay li ak lajan timoun nan touche nan djòb li fè atanplen oswa nan djòb li fè atan-pasyèl.** Pa mete peman fanmi an resevwa pou swen timoun ki nan fanmi akèy. Si timoun nan pa resevwa revni, koché kaz “OKENN REVNI” nan dènye kolòn nan. **Pati 4:** Yon fanmi akèy oswa lòt ofisyèl ki reprezante timoun nan dwe siyen fòm nan, men kat (4) dènye chif nimewo sekirite sosyal la pa nesesè. Ranpli espas kote nou mande ou adrès ak nimewo telefòn ou, epitou mete dat nan fòm nan. **Pati 5:** Ou pa gen obligasyon pou reponn kesyon sa a. Men, si ou bay enfòmasyon sa yo sa ap ede nou asire ou jwenn aksè egalego nan Pwogram Manje nan Gadri.

Metòd 3: Ranpli fòm Aplikasyon pou Manje Gratis ak Manje pou Pri Redui dapre enstriksyon ki endike anba la yo pou TOUT LÒT MOUN KI NAN KAY LA.

TOUT LÒT KAY YO, SWIV EKSPLIKASYON SA YO:

Pati 1: Ekri non timoun ou aplike pou li a an lèt detache ak dat timoun nan fèt. Ekri non ak adrès sant gadri kote timoun nan ye a, si ou potko ekri li an lèt detache anvan.

Sote Pati 2.

Pati 3:

- (1) Ekri non tout moun ki lakay ou, kit y ap resevwa revni kit yo p ap resevwa. Mete non ou, non timoun w ap aplike pou li a, non tout lòt timoun, madam/mari ou, granparan ou ak lòt moun ki gen relasyon fanmi ak moun ki pa gen relasyon fanmi ki lakay ou. Itilize yon lòt fèy papye si ou bezwen plis espas.
- (2) Si yon moun nan kay la se yon timoun ki nan fanmi akèy, koché kaz ki nan kolòn “Timoun ki nan Fanmi Akèy” ki toupre non li.
- (3) Ekri kantite lajan chak moun nan kay la resevwa regilyéman, anvan taks oswa anvan nenpòt dediksyon yo pran nan revni an, ak kantite fwa moun nan resevwa revni an. Endike revni nan kolòn apwopriye (yo) pou deziyen sous revni an, tankou salè, èd sosyal, panson, ak lòt revni (**ale nan egzanp ki endike anba la yo pou kalite revni pou rapòte yo**). Si ou endike yon timoun, rapòte revni pou itilizasyon pèsonèl li, si li genyen, nan kolòn “Tout Lòt Revni”. **Ale nan Metòd 2 ki anwo a pou jwenn definisyon revni pou itilizasyon pèsonèl yon timoun ki nan fanmi akèy.** Pa mete fanmi an resevwa pou swen timoun ki nan fanmi akèy kòm revni pou nenpòt moun ki nan kay la. Si nenpòt kantite lajan moun nan te resevwa pandan dènye mwa a te pi plis oswa pi piti pase sa ou abitye resevwa, ekri revni nòmal moun nan.
- (4) **Pou nenpòt moun ki pa gen revni, ak timoun yo tou, koché kaz “OKENN REVNI” nan dènye kolòn nan.**

Pati 4: Yon adilt k ap viv nan kay la dwe siyen fòm aplikasyon an epitou li dwe bay kat (4) dènye chif nimewo sekirite sosyal li (oswa ekri OKENN si li pa gen yon nimewo sekirite sosyal).

Pati 5: Ou pa gen obligasyon pou reponn kesyon sa a. Men, si ou bay enfòmasyon sa yo sa ap ede nou asire ou jwenn aksè egalego nan Pwogram Manje nan Gadri.

REVNI POU RAPÔTE

Salè ou Touche nan Travay:

Salè pa èdtan/salè/poubwa
Avantaj pou grèv
Konpansasyon pou chomaj
Konpansasyon travayè
Revni apre dediksyon nan biznis oswa bitasyon agrikòl ou posedé poukout ou

Panson/Retrèt/Sekirite Sosyal:

Panson
Revni Sekirite siplemente
Revni retrèt
Peman veteran
Sekirite sosyal

Lòt Revni:

Avantaj pou andikap
Lajan ou retire nan epay
Enterè/dividand
Revni nan byen pwopriyete/fon kredi
Kontribisyon regilye ou resevwa nan men lòt moun ki p ap viv nan kay la
Wayote apre dediksyon/anwite/revni nan lokasyon apre dediksyon
Okenn lòt revni

Sèten Revni ak Avantaj ou Resevwa nan Fòs Lame:

Tout revni an kach deyò aktivite komèsyal ou, alokasyon pou lojman prive, sof Pwogram Privatizasyon Lojman Militè ak Alokasyon Siplemente pou Sibsistans Fanmi [Family Subsistence Supplemental Allowance (FSSA)]
Tout revni an lajan kach pou alokasyon inifòm
Tout revni an lajan kach yo mete disponib pou fanmi an, sof pou peman konba ou resevwa nan sèten kondisyon
Pa mete avantaj “ki pa lajan” ou PA touche an lajan kach (lojman debaz, rad, manje, swen medikal, elatriye.)

Èd Sosyal/Sipò Timoun/Panson Alimantè:

Peman èd publik
Peman èd sosyal
Peman panson alimantè/sipò pou timoun

PARENT LETTER FOR NON-PRICING PROGRAMS

Dear Parent/Guardian:

Date: _____

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary so that we may receive reimbursement for meals served to your child while in care. The amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. Please complete the attached application, sign, date, and return it to the address listed below. **Please refer to the back of the application for full instructions.** Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2015 - June 30, 2016)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	+7,696	+642	+321	++296	+148

HOW TO APPLY:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member.

If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

If you do not list a FAP or TANF case number, or if the child is not a foster child, the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;
- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or welfare. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, check the "NO INCOME" box;
- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

VERIFICATION: Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment or receipt of Food Assistance Program or TANF benefits, then complete a new application.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

Sincerely,

Name and Title of Child Care Center Representative

Name of Child Care Center

Address

Phone Number

CARTA A LOS PADRES EN PROGRAMAS SIN FIJACION DE PRECIOS (Parent Letter for Non-Pricing Programs)

Estimados Padre/Representante:

Fecha: _____

Nosotros participamos en el Programa de Alimentos para Cuidado de Niños (CCFP), el cual provee reembolso por comidas nutritivas servidas a niños inscritos. Todas las comidas que se sirven deben estar en conformidad con el criterio nutritivo fijado por el Departamento de Agricultura de los EE.UU (USDA). En las operaciones de los programas de alimentos del USDA, nadie será discriminado por raza, color, nacionalidad de origen, sexo, edad o discapacidad.

La información requerida en la Aplicación para Alimentos de Precio Reducido o Gratis adjunta es necesaria para poder recibir reembolso por los alimentos servidos a su niño(s) mientras este bajo cuidado. El monto del reembolso recibido por el proveedor depende del nivel de ingresos de los niños bajo cuidado. Por favor complete la aplicación adjunta, firme la aplicación, coloque la fecha, y devuélvala a la dirección postal que se muestra abajo. **Por favor revise la parte de atrás de la aplicación con todas las instrucciones para completar la aplicación.** Su aplicación será colocada en nuestros archivos y se mantendrá confidencial.

Niños provenientes de hogares que reciben beneficios del Programa de Asistencia Nutricional (anteriormente conocido como Programa de Cupones de Alimentos) o TANF (Asistencia Temporal Para Familias Necesitadas) son elegibles para comidas gratis. Niños inscritos en Head Start o Early Head Start (HS/EHS) califican para comidas gratis, sujetos a la entrega de los documentos oficiales y aceptables de inscripción en HS/EHS. Con la documentación apropiada, niños bajo HS/EHS no necesitarán llenar la Aplicación para Alimentos de Precio Reducido o Gratis. Niños bajo Cuidado Adoptivo Temporal califican para comidas gratis independientemente del ingreso del hogar en el que residen, esto es sujeto a la entrega de documentos oficiales y aceptables de la agencia de Adopción Temporal/documentación de la corte o de una Aplicación para Alimentos de Precio Reducido o Gratis. Niños en hogares donde el ingreso total es menor o igual a los niveles listados abajo califican para alimentos de precio reducido o gratis.

GUIA DE ELIGIBILIDAD EN BASE A INGRESOS (Efectivo Julio 1, 2015 - Junio 30, 2016)

TAMANO DEL HOGAR	ANUAL	MENSUAL	DOS VECES AL MES	QUINCENAL	SEMANAL
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
Por cada miembro adicional, sume	+7,696	+642	+321	++296	+148

COMO APLICAR:

Si algún miembro del hogar actualmente recibe ayuda del Programa de Asistencia Nutricional (FAP) o beneficios TANF, entonces cualquier niño(a) es elegible para comidas gratis. La aplicación debe incluir el nombre del niño(a), el número de caso FAP o TANF, y la firma de un adulto miembro del hogar.

Si está completando la Aplicación para Alimentos de Precio Reducido o Gratis para un niño(a) bajo cuidado adoptivo temporal, su aplicación debe identificar al niño(a) bajo cuidado adoptivo temporal, incluir el nombre del niño(a), cualquier ingreso para "uso personal", y la firma de un adulto. Hogares que deseen aplicar para el beneficio alimentario para niños bajo cuidado adoptivo temporal pueden contactarnos si tienen alguna pregunta.

Si usted no lista un número de caso FAP o TANF, o si el niño(a) no está bajo cuidado adoptivo temporal, la aplicación debe incluir:

- el nombre del niño(a);

- el nombre de los miembros del hogar, incluyendo esposa(o), niños, padres o cualquier otra persona que viva en el mismo hogar;
- la cantidad de ingreso usualmente recibido por cada persona (antes de impuestos, seguro social, etc.), la frecuencia en la que es recibido, y su proveniencia, tal como, salario, jubilación, o beneficio. Si usted es su mismo empleador, liste su ingreso neto. Ingreso neto está definido como ingreso bruto recibido (incluyendo todo el dinero recibido de parte de los padres de los niños bajo cuidado y el rembolso del CCFP) menos gastos operacionales. Para las personas que no reciben ingreso, marque la caja en la columna “NO RECIBE INGRESO”;
- la firma de un adulto miembro del hogar; y
- los cuatro últimos números de su seguro social o la palabra “ninguno” si no tiene número de seguro social.

VERIFICACION: Su aplicación puede ser revisada por el centro de cuidado infantil u otros oficiales durante el año para determinar si ha sido correctamente aprobada. **CONFIDENCIALIDAD:** La información que usted reporta será utilizada solo para determinar la elegibilidad para alimentos de precio reducido o gratis con el Programa de Alimentos para Cuidado de Niños. **REAPLICACION:** Usted puede aplicar para alimentos de precio reducido o gratis en cualquier momento durante el año. Si usted no es elegible ahora, pero si en el futuro hay cambios en su hogar, tal como, disminución de ingresos, aumento del tamaño del hogar, desempleo o recibe beneficios del Programa de Asistencia Nutricional o TANF, entonces complete una aplicación nueva.

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés “USDA”) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o parental, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el [USDA Program Discrimination Complaint Form](#) (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov. Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Sinceramente,

Nombre y Posición del Representante del Centro de Cuidado Infantil

Nombre del Centro de Cuidado Infantil

Dirección

Número de Teléfono

Powgram Manje nan Gadri
LÈT POU VOYE BA PARAN POU PWOGGRAM SAN TARIF
(Parent Letter for Non-Pricing Programs)

Chè Paran/Responsab Legal:

Dat la: _____

Nou patisipe nan Pwogram Manje nan Gadri [Child Care Food Program (CCFP)], ki bay ranbousman pou sèvi manje pou timoun ki nan gadri a. Tout manje nou sèvi yo dwe satisfè kondisyon modèl manje Depatman Agrikilti Etazini [U.S. Department of Agriculture (USDA)] mete anplas. Nan operasyon pwogram USDA pou bay timoun manje, okenn moun p ap viktim pratik diskriminasyon akòz ras li, koulè po li, peyi kote li fèt, si li se fanm oswa gason, laj li oswa andikap li.

Enfòmasyon nou mande ou nan fòm Aplikasyon pou Manje Gratis ak Mane pou Pri Redui ou jwenn nan nesesè pou nou ka resevwa ranbousman pou manje nou bay pitit ou pandan li nan gadri a. Kantite lajan ranbousman nou resevwa nan CCFP depanne sitiyasyon revni fanmi timoun ki nan gadri a. Tanpri ranpli fòm aplikasyon ou jwenn nan anvlop la epi retounen li nan adres ki endike anba la a. **Tanpri gade dèyè fòm aplikasyon an pou jwenn tout enstriksyon yo.** N ap mete aplikasyon ou nan dosye nou epi n ap kenbe li konfidansyèl.

Timoun nan fanmi k ap resevwa avantaj Pwogram Èd Manje [ki te rele Koupon pou Achte Manje (Food Stamp Program) anvan] kalifye pou manje gratis. Timoun ki antre nan pwogram Head Start oswa Early Head Start (HS/EHS) kalifye pou manje gratis, selon si paran yo bay dokiman enskripsyon HS/EHS ofisyèl ki akseptab. Avèk bon jan dokiman, timoun ki nan HS/EHS p ap bezwen Aplikasyon pou Manje Gratis ak Manje pou Pri Redui. Timoun ki nan fanmi akèy yo kalifye pou manje gratis kèlkeswa revni fanmi moun kay kote y ap viv la, selon si moun sa yo bay dokiman ajans plasman nan fanmi akèy/tribinal ki ofisyèl ak akseptab oswa yon fòm Aplikasyon pou Manje Gratis oswa pou Manje pou Pri Redui. Timoun ki nan kay ki gen revni total ki pi piti pase oswa ki egal a nivo ki endike anba la yo kalifye pou swa manje gratis oswa pou manje pou pri redui.

GID KALIFIKASYON DAPRE REVNI (Apati 1ye jiyè 2014 - 30 jwen 2015)

KANTITE MOUN KI NAN KAY LA	REVNI CHAK ANE	REVNI PA MWA	REVNI DE FWA PA MWA	REVNI CHAK DE SEMÈN	REVNI PA SEMÈN
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Chak manm fanmi anplis, ajoute	+7,511	+626	+313	+289	+145

FASON POU APLIKE:

Si nenpòt moun lakay ou ap resevwa avantaj Pwogram Èd Manje [Food Assistance Program (FAP) oswa avantaj TANF nan moman an, lè sa a nenpòt timoun ki nan kay la kalifye pou manje gratis]. Aplikasyon an dwe gen ladan non timoun nan, nimewo dosye FAP oswa nimewo dosye TANF, ak siyati yon adilt k ap viv nan kay la.

Si w ap ranpli yon Aplikasyon pou Manje Gratis ak Manje pou Pri Redui pou timoun ki nan fanmi akèy ou, aplikasyon an fèt pou idantifye timoun nan kòm yon timoun ki nan fanmi akèy, epitou li dwe gen ladan non timoun nan, nenpòt revni pou "utilizasyon pèsònèl" timoun nan, ak siyati yon adilt. Fanmi ki vle aplike pou avantaj manje pou timoun ki nan fanmi akèy ta dwe kontakte nou si yo gen nenpòt kesyon.

Si ou pa bay yon nimewo dosye FAP oswa yon nimewo dosye TANF, oswa si ptit ou pa nan yon fanmi akèy, men sa ki dwe nan aplikasyon an:

- non timoun nan;
- non tout moun ki lakay ou, ansanm ak madanm/mari ou, ptit ou yo, paran ou yo ak lòt moun k ap viv avèk ou nan menm kay la;
- kantite lajan revni chak moun resevwa anjeneral (anvan dediksyon pou taks, sekirite sosyal, elatriye), kantite fwa moun nan resevwa revni an, ak sous revni an, tankou salè pa èdtan, retrèt, oswa èd sosyal. Pou moun ki se travayè endepandan, endike revni apre dediksyon. Revni apre dediksyon defini kòm revni anvan dediksyon mwens depans fonksyònman. Pou moun ki pa resevwa revni ditou, koche kaz "OKENN REVNI";
- siyati yon adilt k ap viv nan kay la; ak

- kat (4) dènye chif nimewo sekirite sosyal adilt k ap viv nan kay la ki te siyen aplikasyon an oswa mo "okenn" si adilt sa a pa gen yon nimewo sekirite sosyal.

VERIFIKASYON: Ofisyèl sant gadri a oswa lòt ofisyèl ka verifye aplikasyon ou nenpòt kilè pandan ane pou detèmine si yo te apwouve aplikasyon an kòrèkteman. **KONFIDANSYALITE:** N ap itilize enfòmasyon ou rapòte yo sèlman pou detèmine si pitit ou kalifye pou manje gratis oswa pou manje pou pri redui nan CCFP. **RE-APLIKASYON:** Ou ka aplike pou manje gratis ak manje pou pri redui nenpòt kilè pandan ane a. Si ou pa kalifye kounye a men fanmi ou gen yon chanjman, tankou yon diminisyon nan revni fanmi an, yon ogmantasyon nan kantite moun ki nan kay la, chomaj oswa si fanmi an ap resevwa avantaj Pwogram Èd Manje (Food Assistance Program) oswa avantaj TANF, lè sa a ou dwe ranpli yon nouvo fòm aplikasyon.

Depatman Agrikilti Etazini [U.S. Department of Agriculture (USDA)] entèdi pratik diskriminasyon kont kliyan li yo, anplwaye li yo ak moun ki aplike pou travay nan Depatman an poutèt ras yo, koulè po yo, peyi kote yo fèt, laj yo, andikap yo, si yo fanm oswa gason, idantite seksyèl yo, reliyon yo, vanjans kont yo, epi kote li anvigè, konviksyon politik yo, eta sivil yo, kondisyon fanmi yo oswa kondisyon paran yo, preferans seksyèl yo, oswa si tout revni yon moun oswa yon pati nan revni an soti nan nenpòt pwogram èd piblik, oswa enfòmasyon jenetik yo nan travay oswa nan nenpòt pwogram oswa aktivite Depatman ap fè oswa finanse. (Se pa tout rezon ki entèdi k ap konsène tout pwogram yo ak/oswa aktivite travay yo.)

Si ou vle pote yon plent nan pwogram Dwa Sivil pou diskriminasyon, ranpli Fòm Plent pou Diskriminasyon nan Pwogram USDA. Ou ka jwenn fòm nan sou sitwèb http://www.ascr.usda.gov/complaint_filing_cust.html, oswa nan nenpòt biwo USDA, oswa rele nimewo (866) 632-9992 pou mande fòm nan. Ou ka ekri yon lèt tou ki gen tout enfòmasyon yo mande ou nan fòm nan. Voye fòm plent ou ranpli a oswa lèt la ban nou pa lapòs nan adrès U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, nan faks, (202) 690-7442 oswa nan adrès imèl program.intake@usda.gov. Moun ki soud oswa ki mal pou tandé oswa ki gen andikap pou pale ka kontakte USDA nan Sèvis Relè Federal nan (800) 877-8339; oswa (800) 845-6136 (nan lang Panyòl). USDA se yon founisè ak anplwayè ki aplike politik menm chans pou tout moun.

Ak tout kè nou,

Non ak Tit Reprezantan Sant Gadri a

Non Sant Gadri a

Adrès

Nimewo Telefòn

PARENT LETTER FOR PRICING PROGRAMS

Dear Parent/Guardian:

Date: _____

We participate in the Child Care Food Program (CCFP), which provides reimbursement for serving nutritious meals to enrolled children. All meals served must meet meal pattern requirements established by the U.S. Department of Agriculture (USDA). In the operation of USDA child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

The information requested on the attached Free and Reduced-Price Meal Application is necessary to determine if your child qualifies for free or reduced-price meals. Also, the amount of reimbursement we receive from the CCFP depends on the household income status of the enrolled children. In order for us to determine if your child is eligible for free or reduced-price meals, please complete the attached application, sign, date, and return it to the address of the child care center listed below. Please refer to the back of the application for full instructions. Your application will be placed in our files and kept confidential.

Children from households that receive Food Assistance Program (formerly known as the Food Stamp Program) or TANF (Temporary Assistance for Needy Families) benefits are eligible for free meals. Children enrolled in Head Start or Early Head Start (HS/EHS) are eligible for free meals, subject to the submission of official, acceptable HS/EHS enrollment documentation. With proper documentation, HS/EHS children will not need Free and Reduced-Price Meal Applications. Foster children are eligible for free meals regardless of the income of the household with whom they reside, subject to the submission of official, acceptable foster care agency/court documentation or a Free and Reduced-Price Meal Application. Children from households with total incomes less than or equal to the levels listed below are eligible for either free or reduced-price meals.

INCOME ELIGIBILITY GUIDELINES (Effective July 1, 2015 - June 30, 2016)

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add	+7,696	+642	+321	++296	+148

The reduced prices are 40 cents for lunch/supper, 30 cents for breakfast, and 15 cents for snacks. **Children who do not qualify for free or reduced-price meals may buy breakfast for _____, lunch/supper for _____, and snacks for _____.**

HOW TO APPLY:

If any member of your household currently receives Food Assistance Program (FAP) or TANF benefits, then any child in the household is eligible for free meals. The application must include the child's name, the FAP or TANF case number, and the signature of an adult household member. If completing a Free and Reduced-Price Meal Application for a foster child, the application must identify the child as a foster child, and include the child's name, any "personal use" income, and an adult's signature. Households wishing to apply for meal benefits for foster children should contact us if they have any questions. If you do not list a FAP or TANF case number, or if the child is not a foster child, then the application must include:

- the child's name;
- the names of all household members, including spouse, children, parents or other persons who live with you in the same household;
- the amount of income each person usually receives (before deductions for taxes, social security, etc.), how often it is received, and where it is from, such as wages, retirement, or welfare. For self-employed persons, list net income. Net income is defined as gross receipts less operating expenses. For persons who do not receive any income, check the "NO INCOME" box;
- the signature of an adult household member; and
- the last four digits of the social security number of the adult household member who signed the application or the word "none" if that adult does not have a social security number.

VERIFICATION: Your application may be reviewed by the child care center or other officials at any time during the year to determine if it has been correctly approved. **CONFIDENTIALITY:** The information that you report will be used only to determine eligibility for free or reduced-price meals in the CCFP. **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the year. If you are not eligible now but your household experiences a change, such as, a decrease in household income, an increase in household size, unemployment, or receipt of Food Assistance Program or TANF benefits, then complete a new application. **FAIR HEARING:** If you do not agree with the approved eligibility category for your child, you may ask for a fair hearing by calling or writing:

Name _____ Phone _____

Address _____

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

Sincerely,

Name and Title of Child Care Center Representative

Name of Child Care Center

Address

Phone Number

**Florida Department of Health
Child Care Food Program**

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ Sex: ___ Date of Enrollment _____

Full Name: _____
Last _____ First _____ Middle _____ Nickname _____

Child's Physical Address: _____

Primary Hours of Care: From _____ To _____

Days of the Week in Care: M T W Th F Sa Su

Meals Typically Served While in Care: Br AM Snack Lunch PM Snack Sup Eve Snack

Family Information:

Parent 1 Name: _____

Parent 2 Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____ /Cell: _____

Work Phone: _____ /Cell: _____

Child Lives With: Parent 1 _____ Parent 2 _____ Both Parents _____ Other _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#
Name	Address	Work#	Home#

Helpful Information About Child:

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), **or**

Section 65C-20.11(2)(c)(1), F.A.C., requires that parents(s) receive a copy of the family day care home brochure, "Selecting a Family Day Care Home Provider" (CF/PI 175-28).

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, **or**

Section 65C-20.010(6)(c), F.A.C., requires that a written copy of the family day care provider's discipline policy be available for review by the parent(s).

Your signature below indicates that you have received the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Updated Date

Departamento de Salud de Florida
Programa de Alimentos para Cuidado de Niños

SOLICITUD DE INSCRIPCIÓN PARA EL CUIDADO INFANTIL
(CHILD CARE APPLICATION FOR ENROLLMENT)

Información sobre el estudiante: Fecha de nacimiento: _____ Sexo: _____
Fecha de inscripción _____

Nombre completo: _____
Apellido _____ 1^{er} nombre _____ 2^º nombre _____ Apodo _____

Dirección del niño: _____

Horario principal en que recibe los cuidados: Desde _____ Hasta _____

Días de la semana en que recibe los cuidados: L M Mi J V S D

Comidas comúnmente servidas mientras recibe los cuidados:

Des. Refrig. mañana Almuerzo Refrig. tarde Cena Refrig. noche

Información sobre la familia:

Nombre del Padre 1: _____

Nombre del Padre 2: _____

Dirección: _____

Dirección: _____

Teléfono de casa: _____

Teléfono de casa: _____

Empleador: _____

Empleador: _____

Dirección: _____

Dirección: _____

Teléfono del trabajo: _____

Teléfono del trabajo: _____

Teléfono celular: _____

Teléfono celular: _____

El niño vive con: Padre 1 _____ Padre 2 _____

Ambos Padres _____ Otro _____

Información médica:

Por la presente, autorizo al personal de este establecimiento a ponerse en contacto con el personal médico mencionado a continuación para obtener cuidados médicos de emergencia, si fuera necesario.

Médico: _____ Dirección: _____ Teléfono: _____

Médico: _____ Dirección: _____ Teléfono: _____

Dentista: _____ Dirección: _____ Teléfono: _____

Hospital preferido _____

Enumere las alergias, las necesidades médicas o dietarias especiales, u otras áreas que deba destacar: _____

Contactos:

El niño será entregado únicamente al padre custodio o al tutor legal, y a las personas enumeradas a continuación. También se contactará a las siguientes personas, y ellas están autorizadas para retirar al niño del establecimiento en caso de enfermedad, accidente o emergencia, si por algún motivo no podemos comunicarnos con el padre custodio o el tutor legal:

Nombre	Dirección	Teléf. del trabajo	Teléf. de la casa
--------	-----------	--------------------	-------------------

Nombre	Dirección	Teléf. del trabajo	Teléf. de la casa
--------	-----------	--------------------	-------------------

Nombre

Dirección

Teléf. del trabajo

Teléf. de la casa

Información útil sobre el niño:

La sección 65C-22.006(2) del Código Administrativo de Florida (Florida Administrative Code, F.A.C.) exige un examen físico actualizado (Formulario 3040) y un registro de inmunizaciones (Formulario 680 ó 681) en el plazo de 30 días a partir de la inscripción.

La sección 402.3125(5) de las Leyes de Florida (Florida Statutes, F.S.) exige que los padres reciban una copia del Folleto del Establecimiento de Cuidado Infantil, "CONOZCA SU ESTABLECIMIENTO DE CUIDADO INFANTIL" (KNOW YOUR CHILD CARE FACILITY), o

Sección 65C-20.11 (2) (c) (1), FAC, requiere que los padres reciban una copia del folleto sobre cuidado diurno en casa de familia, "Seleccionando un Proveedor para Cuidado Diurno en una Casa de Familia" (CF / PI 175-28).

La sección 65C-22.006(3)(c)2. del F.A.C. exige que se notifique a los padres por escrito acerca de las prácticas disciplinarias utilizadas en el establecimiento de cuidado infantil, o

Sección 65C-20.010 (6) (c), FAC, requiere que una copia escrita de la política de disciplina en el centro de cuidado diurno familiar de el proveedor este disponible para revisión de los padres.

Al firmar a continuación, usted demuestra que ha recibido los documentos anteriores y que toda la información que aparece en este formulario de inscripción está completa y es exacta.

Firma del parent1 o 2/tutor

Fecha

Firma del parent1 o 2/tutor

Fecha actualizada

Firma del parent1 o 2/tutor

Fecha actualizada

Firma del parent1 o 2/tutor

Fecha actualizada

Firma del parent1 o 2/tutor

Fecha actualizada

Depatman Sante Florida
Pwogram Manje nan Gadri

APLIKASYON POU ENSKRIPSYON NAN GADRI
(CHILD CARE APPLICATION FOR ENROLLMENT)

Enfòmasyon sou Elèv la: Dat Li Fèt: _____ Sèks: _____ Dat Enskripsyón: _____

Prenon ak Non Fanmi: _____
Non fanmi _____ Prenon _____ Dezyèm Prenon _____ Ti Non Jwèt _____

Adrès Fizik Timoun nan: _____

Orè Prensipal Gadri a: Ant _____ Ak _____

Jou Semèn nan Gadri a: Lendi Madi Mèkredi Jedi Vandredi Samdi Dimanch

Repa yo Sèvi Anjeneral nan Gadri a: Br Kolasyon Maten Repa Midi Kolasyon Apremidi Soupe Kolasyon Aswè

Enfòmasyon sou Fanmi an:

Paran 1 Non: _____

Paran 2 Non: _____

Adrès: _____

Adrès: _____

Telefòn Kay: _____

Telefòn Kay: _____

Non Patwon: _____

Non Patwon: _____

Adrès: _____

Adrès: _____

Telefòn Travay: _____ /Selilè: _____

Telefòn Travay: _____ /Selilè: _____

Timoun nan Ap Viv Avèk: Paran 1 _____ Paran 2 _____ Tou de paran yo _____ Lòt _____

Enfòmasyon Medikal:

Mwen bay pèmisyon pou ekip ki nan gadri sa a kontakte pèsonèl ki endike anba la a pou jwenn swen medikal annijans si li nesesè.

Doktè: _____ Adrès: _____ Telefon: _____

Doktè: _____ Adrès: _____ Telefon: _____

Dantis: _____ Adrès: _____ Telefon: _____

Preferans pou Lopital: _____

Tanpri bay alèji, bezwen medikal oswa bezwen dyetetik espesyal, oswa lòt domèn ki bay enkyeted: _____

Kontak yo:

N ap remèt timoun nan pa paran k ap viv avèk li oswa ba responsab legal ak moun ki endike anwo a sèlman. N ap kontakte moun ki endike anba yo epitou yo gen otorizasyon pou pran timoun sa a nan gadri a sizoka timoun nan malad, si li fè aksidan oswa si li gen yon ijans, si pou yon rezon nou pa kapab kontakte paran k ap viv avèk timoun oswa responsab legal la:

Non Adrès Nimewo Telefòn Travay Nimewo Telefòn Kay

Enfòmasyon Enpòtan Sou Timoun nan:

Seksyon 65C-22.006(2), F.A.C., egzije yon dènye egzamen fizik (Fòm 3040) ak dosye vaksinasyon (Fòm 680 oswa 681) nan 30 jou apre enskripsyon an.

Seksyon 402.3125(5), Lwa Jeneral Eta Florida, egzije pou paran yo resevwa yon kopi Tiliv Enfòmasyon sou Sant Gadri ki rele, "Know Your Child Care Facility" (Konnen Sant Gadri ou) (CF/PI 175-24), **oswa**

Seksyon 65C-20.11(2)(c)(1), F.A.C., egzije pou paran an (yo) resevwa yon kopi tiliw kay gadri fanmi ki rele, "Selecting a Family Day Care Home Provider" (Fason pou Chwazi yon Founisè Sèvis Gadri nan Kay Fanmi) (CF/PI 175-28).

Seksyon 65C-22.006(3)(c)2., F.A.C., egzije pou paran yo resevwa avi alekri konsènan pratik disiplin sant gadri a itilize, **oswa**

Seksyon 65C-20.010(6)(c), F.A.C., egzije pou gadri a mete yon kopi règleman disiplin founisè sèvis gadri fanmi an disponib pou paran an (yo) revize li.

Siyati ou anba la a endike ou te resevwa dokiman ki endike anwo a, epitou siyati ou endike tout enfòmasyon ou bay sou fòm enskripsyon sa a se enfòmasyon ki konplè ak egzat.

Siyati Paran/Responsab Legal

Dat

Siyati Paran/Responsab Legal

Dènye Dat la

Florida Department of Health

Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.					
Day	Normal Hours in Care		Meals Normally Received While in Care		
Mon – Fri	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.					
Monday	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Tuesday	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Wednesday	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Thursday	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Friday	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Saturday	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
Sunday	_____ a.m. p.m.	_____ a.m. p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>
			PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____

CCFP Formulario de Participación del Niño

(Child Participation Form – Spanish)

Nombre del establecimiento: _____

Estimados padres:

Completen la siguiente información para que su hijo pueda participar en el Programa de Alimentación para el Cuidado Infantil, que proporciona reembolsos a los proveedores de cuidado infantil por servir comidas nutritivas y bien equilibradas a los niños de los establecimientos de cuidado infantil.

Nombre del niño: _____

Si el horario del establecimiento de cuidado infantil del niño es el mismo para todos los días, complete la siguiente tabla.		
Día	Horario de guardería normal	Comidas que recibe normalmente mientras se encuentra en el establecimiento de cuidado infantil
Lunes a viernes	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>

O

Si el horario del establecimiento de cuidado infantil del niño <u>no</u> es el mismo para todos los días, complete la siguiente tabla.		
Lunes	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Martes	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Miércoles	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Jueves	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Viernes	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Sábado	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>
Domingo	a.m. _____ p.m. a _____ p.m.	Desayuno <input type="checkbox"/> Refrigerio de la mañana <input type="checkbox"/> Almuerzo <input type="checkbox"/> Refrigerio de la tarde <input type="checkbox"/> Cena <input type="checkbox"/> Refrigerio de la noche <input type="checkbox"/>

- Marque aquí si su niño no tiene un horario programado regularmente para servicios de cuidado

Firma del parente/tutor: _____ Fecha: _____

Nombre en letra de imprenta: _____ Número de teléfono: _____

Depatman Sante Florida Pwogram Manje nan Gadri
Fòm Patisipasyon Timoun nan
(Child Participation Form)

Non Timoun nan: _____ Non Sant Gadri a: _____

Chè Paran:

Tanpri bay enfòmasyon nou mande ou anba la a pou pitit ou ka patisipe nan Pwogram Manje nan Gadri (Child Care Food Program), ki ranbouse founisè sèvis gadri yo poutèt yo bay manje ki fòtifyan ak byen balanse pou timoun ki nan gadri a.

Si orè gadri a se menm orè chak jou, tanpri ranpli tablo sa a.

Jou	Orè Nòmal nan Gadri a	Manje Timoun yo Resewwa Nòmalman Pandan yo nan Gadri a
Lendi – vandredi	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>

OSWA

Si orè gadri a pa menm orè chak jou, tanpri ranpli tablo sa a.

Lendi	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Madi	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Mèkredi	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Jedi	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Vandredi	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Samdi	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>
Dimanch	a.m. _____ p.m. jiska _____ a.m. p.m.	Dejene <input type="checkbox"/> Kolasyon Maten <input type="checkbox"/> Manje Midi <input type="checkbox"/> Kolasyon Apremid <input type="checkbox"/> Soupe <input type="checkbox"/> Kolasyon Aswè <input type="checkbox"/>

Koche kaz la a si pitit ou pa gen orè gadri ki pwogramme regilyèman

Siyati Paran/Responsab Legal: _____ Dat: _____

Ekri Non ou an Lèt Detache: _____ Nimewo Telefòn: _____

Organization Name

Child Care Food Program
ENROLLMENT ROSTER – August - July

Authorization Number

Center Name

August 1, 2015 – July 31, 2016

(Instructions on Reverse)

(1) Name of Child (Last Name, First Name)	(2) Age of Child	(3) 08/01/15 or 1st Date of Attendance on CCFP	(4) Last Date of Attendance in Center	(5) Category of Meal Eligibility Free (a)	Reduced- Price (b)	Non-Needy (c)

- (6) Enter below, for each month, the total number of children eligible for free, reduced-price, and non-needy meals. Children must be in attendance for at least one day in the month in order to be included in the free, reduced-price and non-needy numbers below. Transfer this information each month to the claim.

	AUG 15	SEPT 15	OCT 15	NOV 15	DEC 15	JAN 16	FEB 16	MAR 16	APRIL 16	MAY 16	JUN 16	JULY 16
F	F	F	F	F	F	F	F	F	F	F	F	F
R	R	R	R	R	R	R	R	R	R	R	R	R
N	N	N	N	N	N	N	N	N	N	N	N	N
Totals												

ENROLLMENT ROSTER

August 1, 2015 - July 31, 2016

General Instructions

This enrollment roster is a required document for tracking free, reduced-price and non-needy meal eligibility in child care centers and outside school hours care centers. The child's eligibility category is based on information provided on the Free and Reduced-Price Meal Application. When a new child enrolls in the program, his/her name, age, and eligibility category with the first date of attendance must be noted on the roster.

A child care center and outside-school-hours care center may claim reimbursement only for meals served to enrolled children. Children are defined as persons who are 12 years of age and under; or children of migrant workers 15 years of age and under; or persons with an appropriately documented mental or physical disability who are enrolled in an institution or a child care facility serving a majority of persons 18 years of age and under. **No more than two meals and one snack or two snacks and one meal may be claimed per child per day.**

Do not send this report to the state office. Keep on file at your institution.

Instructions for Completing the Enrollment Roster

For the new year (August 1, 2015 to July 31, 2016), the following should be recorded under each column:

COLUMN

- (1) Enter the name of each enrolled child (last name first). Use the same name (first and last) for a child on all CCFP records (e.g., attendance records, enrollment records, etc.) If a new child enrolls during the year, add the child's name to the roster.
- (2) Enter the age of the child.
- (3) If the child has been in attendance prior to August 2015, enter 08/01/15. If not, enter the first date the child attends the center.
**Prospective Contractors only: Enter your approval date in this column when you receive your approval notice.
- (4) If a child leaves the center during the year, enter the child's last date of attendance.

Tip: Once you have claimed the child for the last month they have attended, you may line through their name so as not to accidentally claim them in subsequent months.

- (5) Enter the child's category of eligibility based on information from the approved Free and Reduced-Price Meal Application.
- (6) At the end of each month, enter the monthly total number of free, reduced-price and non-needy eligible children for each month and then transfer the totals to the monthly reimbursement claim.

Organization Name

Child Care Food Program
ENROLLMENT ROSTER

Authorization Number

Center Name

Fiscal Year '15-'16 (October 1, 2015 – September 30, 2016)

(Instructions on Reverse)

(1) Name of Child (Last Name, First Name)	(2) Age of Child	(3) 10/01/15 or 1st Date of Attendance on CCFP	(4) Last Date of Attendance in Center	(5) Category of Meal Eligibility Free (a)	Reduced- Price (b)	Non-Needy (c)

- (6) Enter below, for each month, the total number of children eligible for free, reduced-price, and non-needy meals. Children must be in attendance for at least one day in the month in order to be included in the free, reduced-price and non-needy numbers below. Transfer this information each month to the claim.

OCT 15	NOV 15	DEC 15	JAN 16	FEB 16	MAR 16	APRIL 16	MAY 16	JUNE 16	JULY 16	AUG 16	SEPT 16
F	F	F	F	F	F	F	F	F	F	F	F
R	R	R	R	R	R	R	R	R	R	R	R
N	N	N	N	N	N	N	N	N	N	N	N
Totals											

ENROLLMENT ROSTER

October 1, 2015 - September 30, 2016

General Instructions

This enrollment roster is a required document for tracking free, reduced-price and non-needy meal eligibility in child care centers and outside school hours care centers. The child's eligibility category is based on information provided on the Free and Reduced-Price Meal Application. When a new child enrolls in the program, his/her name, age, and eligibility category with the first date of attendance must be noted on the roster.

A child care center and outside-school-hours care center may claim reimbursement only for meals served to enrolled children. Children are defined as persons who are 12 years of age and under; or children of migrant workers 15 years of age and under; or persons with an appropriately documented mental or physical disability who are enrolled in an institution or a child care facility serving a majority of persons 18 years of age and under. **No more than two meals and one snack or two snacks and one meal may be claimed per child per day.**

Do not send this report to the state office. Keep on file at your institution.

Instructions for Completing the Enrollment Roster

For the new fiscal year (October 1, 2015 to September 30, 2016), the following should be recorded under each column:
COLUMN

- (1) Enter the name of each enrolled child (last name first). Use the same name (first and last) for a child on all CCFP records (e.g., attendance records, enrollment records, etc.) If a new child enrolls during the fiscal year, add the child's name to the roster.
- (2) Enter the age of the child.
- (3) Enter the first date the child attends the center in the fiscal year. If the child has been in attendance prior to October 2015, then enter 10/1/15.

**Prospective Contractors only: Enter your approval date in this column when you receive your approval notice.

- (4) If a child leaves the center in this fiscal year, enter the child's last date of attendance.

Tip: Once you have claimed the child for the last month they have attended, you may line through their name so as not to accidentally claim them in subsequent months.

- (5) Enter the child's eligibility category based on information from the approved Free and Reduced-Price Meal Application.
- (6) At the end of each month, enter the monthly total number of free, reduced-price and non-needy eligible children for each month and then transfer the totals to the monthly reimbursement claim.

CCFP Enrollment Roster Consolidation

Month _____ Year _____

Page #	Free	Reduced	Non-needy	Total
1/A				
2/B				
3/C				
4/D				
5/E				
6/F				
7/G				
8/H				
9/I				
10/J				
11/K				
12/L				
13/M				
14/N				
15/O				
16/P				
17/Q				
18/R				
19/S				
20/T				
21/U				
22/V				
23/W				
24/X				
25/Y				
26/Z				
TOTAL				

***TOTAL ATTENDANCE FOR MONTH ***

These
two
totals
must
equal.

* To determine the total attendance for the month, refer to your attendance records; count the total number of children who attended at least one day during the claim month and record that number above.

**Florida Department of Health
Child Care Food Program**

**Collection Procedures for
Pricing Programs**

Check one of the four methods of collecting meal payments below:

Methods 1-3:

Meal payments are collected in the child care facility office. Families can make payments on a daily, weekly or monthly basis. The child care facility director records payments and knows which participants qualify for free or reduced-price meals. The director or teacher-supervisor distributes identical tickets labeled only with participant's names in the classroom or learning areas. Since payments are made on an individual basis, the identification of those receiving free, reduced-price or full-price meals can be protected.

- 1. Daily collection at a designated time and place
- 2. Weekly collection at a designated time and place
- 3. Monthly collection at a designated time and place

Method 4:

Families pay in advance by the month. Payments are made to the child care facility office. Each teacher receives a list of those participants who have paid. Those children who receive free meals are marked paid, so no one but the day care facility director knows which children receive free or reduced-price meals. Teachers keep daily records of each child served. A billing statement is provided to families for any amount owed.

- 4. Billing Statement to families

For all methods of collection:

Meal payments are collected outside of the meal period, in a manner that will prevent overt identification of participants receiving free or reduced-price meals.